



For Office Use Only

Applicant Name: _____
File Number: _____

**City of Gulfport
Gulfport Main Street Association
Façade Master Plan Grant Program Application**

Project Address: _____
Property Owner: _____
Year Purchased: _____ Year Built: _____
Store/Company Name: _____
Name of Tenant: _____ Lease Expiration Date: _____

Applicant Name: _____
Application Business Address: _____
Federal Tax ID Number or Social Security Number: _____
Applicant Business Phone: _____ Home Phone: _____
Applicant(s) Building Owner: _____ Tenant: _____
Property Manager: _____ Phone: _____ Fax: _____
Email Address: _____

Description of Desired Façade Improvements (please attach additional page if necessary):

Is your property located within the Historic Harbor Square District? _____
Is your property more than 50 years old? _____
Will you apply for historic preservation tax credits for the rehabilitation of this property? _____



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Provide a brief description of your property: _____

What is the intended use of your building? _____

Do you have property insurance? Yes _____ No _____

Do you have Flood Insurance? Yes _____ No _____

Is your Building Currently Occupied? Yes _____ No _____

If no, when was it last occupied and when do you anticipate opening for business?



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The City of Gulfport will review and determine eligibility of all applications. Grants are awarded at the discretion of the Gulfport Main Street Association Façade Master Plan Review Team.

I, _____, hereby make application to the City of Gulfport for participation in the Gulfport Main Street Association Façade Master Plan Grant Program. I understand that the City must approve my Application, and that it must conform to established design guidelines, as well as specific design recommendations of the City of Gulfport. I have read and understand the Gulfport Main Street Association Façade Master Plan Grant Program's guidelines. If approved, I understand that all work performed is subject to development standards, building and property codes, permit requirements and Agreement provisions. I further understand that by participating in this program, I agree to make no changes to the façade of my building without permission from Gulfport Main Street Association for a period of three (3) years, and that violation of this condition may result in repayment of the grant by the applicant. In the event of a change of ownership of the property, this condition transfers to the new owner and violation of this condition may result in repayment of the grant by the new owner.

Applicant Signature

Date

Property Owner (If Different from Applicant)

Date

Please return the completed application to: **Gulfport Main Street Association, Attn: Lisa Bradley, P.O. Box 1780, Gulfport, MS 39502**

If you need assistance with the application and/or have general inquiries, please contact Lisa Bradley, Executive Director of the Gulfport Main Street Association via email at LBradley@ci.gulfport.ms.us or at (228) 575-7794.



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Comments: _____

City of Gulfport Staff: _____



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The following items must be included with your submitted application. If you have any questions or need assistance, please do not hesitate to contact our office at (228)575-7794.

Document Checklist

_____ Signed Façade Master Plan Grant Procedures Page

_____ Completed Application (unsigned applications will be considered incomplete)

_____ Proof of Property Ownership (or letter from building owner if applicant is a tenant)

_____ Proof of Property Insurance

_____ Proof of Flood Insurance

_____ Copies of Any Documents from National Parks Service or MS Department of Archives and History (related specifically to this building)

_____ Names and Contact Information of Building Tenants

_____ Copies of Existing Leases (applicable only to buildings with leasing tenants)

_____ Names and Contact Information of Contractors (anyone associated with this building, such as Architects, Building Contractors, etc.)

_____ Copies of any architectural drawings of the building's facade